FEC

STATEMENT OF

FORM 1	ORGANIZATION		
	(See instructions)		Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If over the line	f typying, type es 12FE4	M5
Tronox Inc. P	AC		
ADDRESS (number and	street) P.O. Box 268859		
(Check if address is changed)	s		
	Oklahoma City	ı ı ok	73126 8859
	CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	michael.foster@tronox.com		
COMMITTEE'S WEB PAGE ADDRESS (URL)			
(Check if address is changed)	None		ı
	s <u>[</u>		
2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICATION NUMBER C C00417352			
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)			
I certify that I have exam	ined this Statement and to the best of my knowledge and belief	f it is true, correct and complete	
·	Mishael Fasta	•	
Type or Print Name of	Treasurer Michael Foster		
Signature of Treasure	Electronically Filed by Michael Foster	Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the pers		
Office		irther information contact:	
Use	Federa	al Election Commission ree 800-424-9530	FEC FORM 1 (Revised 02/2009)